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*To ensure access to high-quality,
patient-centered, cost-effective health
care to Los Angeles County residents
through direct services at DHS facilities
and through collaboration with
community and university partners.*



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June 04, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO ACCEPT A GRANT AWARD FROM UNIHEALTH
FOUNDATION AND TO AWARD AN AGREEMENT WITH A SELECTED
CONSULTANT FOR LEAN MANAGEMENT
(SUPERVISORIAL DISTRICT 2)
(3 VOTES)**

SUBJECT

Request approval to accept a three year grant award from UniHealth Foundation to support the practice of Lean Management at Harbor-UCLA Medical Center and to award an Agreement with a consulting agency to be selected through a competitive process to provide consultant services in support of the implementation of Lean Management.

IT IS RECOMMENDED THAT THE BOARD:

1. Delegate authority to the Director of Health Services (Director) or his designee, to accept and sign a Grant Agreement in the amount of \$750,000 from the UniHealth Foundation effective upon Board approval for a three year period, to support the Toyota Production System, known as "Lean Management at Harbor-UCLA Medical Center (H-UCLA MC).
2. Delegate authority to the Director, or his designee to execute: (a) an Agreement with a consulting agency, chosen through a competitive process, for the purposes of training and advising H-UCLA-MC on the continued practice of Lean Management, effective upon execution, for a three year term with a total contract sum of \$1.5 Million, subject to review and approval of County Counsel and with notice to the Board; and (b) execute future

amendments to the Agreement to adjust project goals and objectives and add and/or change certain terms and conditions as required under Federal or State law or regulation, County policy, or by the County's Board of Supervisors, Chief Executive Officer or designee, and make changes consistent with the existing scope of services, at no additional cost.

3. Delegate authority to the Director, or his designee, to accept future grant awards in a funding amount not to exceed \$300,000 from UniHealth Foundation; and execute future Grant Award Agreements with UniHealth Foundation, subject to prior notice to the Board and approval by County Counsel.

4. Delegate authority to the Director, or his designee to: a) execute any future amendments to the Grant Award with UniHealth Foundation; and (b) execute all amendments, modifications and extensions to, or terminations of the above mentioned agreement, as well as to future such agreements with UniHealth Foundation.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the first recommendation will enable the Director, or his designee to accept and sign the Grant Agreement in order to accept the \$750,000 grant from UniHealth Foundation to support further implementation of the Lean Management program at H-UCLA MC.

Approval of the second recommendation will authorize the Director, or his designee to execute an Agreement with a consulting agency as a result of a competitive process. \$750,000 will be funded from the grant funding and \$750,000 will be funded from DHS budget, totaling \$1.5 Million for 3 years. Approval will also authorize the Director to execute future amendments to the Agreement to make programmatic and administrative changes to incorporate provisions consistent with changes in State or Federal laws, County Code, Board policy, and Chief Executive Office contracting requirements.

Approval of the third recommendation would provide flexibility to DHS to accept future grant awards in a funding amount not to exceed \$300,000 from UniHealth; and execute future Grant Award Agreements with UniHealth, subject to prior notice to the Board and approval by County Counsel. Approval of the fourth recommendation will enable the Director to amend, extend, or terminate both current and future contractual documents related to the grants from UniHealth Foundation.

Background

The implementation of the final components of the Affordable Care Act (ACA) is expected to expand access and increase demand for services while keeping costs down. This mandate makes it ever more imperative for health systems to evolve in a way that ensures a sustainable future for the communities we serve. In October 2007, the Institute for Healthcare Improvement (IHI) developed an approach called Triple Aim to optimize health system performance. Successful achievement of the Triple Aim standard has become the goal of the health care initiatives, and it focuses on three objectives: 1) improving the patient experience of care; 2) improving the health of populations and; 3) reducing the per capita cost of health care. To meet these challenges, the Department of Health Services (DHS or Department) is utilizing various strategies to strengthen and transform the Department's health care delivery system. As part of these efforts, DHS recently applied for, and received, the grant from the UniHealth Foundation to provide support for the Lean Management system at H-UCLA MC.

Lean is a proven management philosophy and set of tools that was developed and refined by Toyota over the last 60 years to support the continuous pursuit of high quality. In healthcare delivery this is achieved through eliminating defects, improving customer service, increasing staff engagement, shortening wait times, and reducing costs for wasteful, non-value added work.

Over the three year grant funding period, H-UCLA MC will use an integrated education and training approach to train and certify over 150 staff including executives, clinicians, managers, and two in-house specialists, titled Chief Kaizen Officer and Lean Facilitator, respectively, in the Lean philosophies and tools to improve the quality of care and patient services while simultaneously reducing the overall cost of care by eliminating waste. The annual project cost is \$813,756, which will be funded by the grant and DHS funding to cover the consultant agreement, training supplies, and two in-house specialists. Working with the selected consulting agency, H-UCLA MC will identify a minimum of 6 value streams to target improvement efforts, and expand the work in the inpatient, emergency room, and operating room value streams. The other areas are likely to include primary and specialty clinics, diagnostic areas (Pathology and Radiology), Registration/Finance, and Supply Chain as well as continued work to spread Lean tools and best practices from the current value streams throughout H-UCLA MC. A significant portion of H-UCLA MC's workforce will be engaged in improvement workshops in one of these value streams over the term of the Agreement as well, reinforcing continued education and skills development.

This project will expand on the Lean project currently funded by the California Healthcare Foundation (CHFC). That funding allowed H-UCLA MC to introduce, develop, and implement Lean principles, which have been successful at meeting Healthcare's Triple Aim mandate. Since the implementation of the Lean project, H-UCLA MC has made substantial improvements in patient care, including reducing the wait time from notification of patients that they would be discharged to the time they were discharged from 10 hours at baseline to 2 hours after the Lean implementation (an 80% reduction) and reducing the wait time from the time the discharge order was written to the time the patient left the hospital from 3 hours to 2 hours (a 33% reduction). The number of harmful events, including patient falls and medication errors has also reduced from 41 over 6 months to only 1 over 3 months after the Lean implementation. This accomplishment demonstrates that Lean not only improves efficiency but also enhances patient safety and reduces patient harm.

Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness and Goal 3 – Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total costs for the three year project is \$2,441,268 (\$813,756 annually), which includes \$750,000 from UniHealth Foundation and \$1,691,268 from DHS' budget allocated for the consulting agency, two in-house specialists, and training supplies.

Funding is included in the Department's Fiscal Year (FY) 2014-15 Recommended Budget and will be requested in future years as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The Grant Award Agreement (Attachment A) has been approved as to form by County Counsel.

The Agreement with the consulting agency, selected through a competitive process, will include all standard County and DHS terms and conditions and will be reviewed and approved by County Counsel prior to its execution.

The Agreement with the consulting agency is not subject to Proposition A as services are on a part-time and intermittent basis and cannot currently be provided by County staff, and are not subject to the Living Wage Program (Los Angeles County Code Chapter 2.201). The County may terminate the Agreement for convenience with 30 days prior written notice to the Contractor.

CONTRACTING PROCESS

A competitive process will be used to select the most qualified consulting agency.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will enable H-UCLA MC to continue leading a system-wide transformation using Lean that will enable the hospital to continue improving patient access and experience by increasing the number of staff who are trained to carry out Lean performance improvement techniques. This will strengthen and transform DHS' health care delivery system to meet Healthcare's Triple Aim mandate by providing high-quality care that improves the patient experience of care, improves the health of the community, and reduces the overall cost of care.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mitchell Katz". The signature is fluid and cursive, with the first name "Mitchell" and the last name "Katz" clearly distinguishable.

Mitchell H. Katz, M.D.

Director

MHK:sa

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors



March 3, 2014

Delvicchio Finley
Chief Executive Officer
Harbor-UCLA Medical Center
1000 W. Carson Street
Torrance, CA 90509

Reference: 2586

Dear Mr. Finley:

The Directors of UniHealth Foundation have considered your request for funding and are pleased to award **Harbor-UCLA Medical Center** a restricted grant in the amount of \$750,000 over three years to provide support for *Lean Management*.

This grant is subject to the terms described in the Grant Agreement enclosed herewith. Lindsey Angelats, Senior Program Officer at UniHealth Foundation, will have responsibility for this grant and will be your contact person for all communications regarding this grant. Please sign and return one copy of the agreement by **March 14, 2014**, as indicated on the agreement. Retain the second copy for your files. Note that the agreements may be **signed in counterpart**, for your convenience. Upon receipt of the Grant Agreements, we will process your award.

Congratulations on your award. We look forward to working with you on this project.

Sincerely,

Mary Odell
President



cc: David I. Meyer, Ph.D., LA BioMed
Rosemary Madnick, LA BioMed

Enclosures

**UniHealth
Foundation**

800 Wilshire Blvd.,
Suite 1300
Los Angeles, CA 90017
Tel: (213) 630-6500
Fax: (213) 630-6509

UniHealth Foundation

GRANT AGREEMENT

UniHealth Foundation (hereinafter "Grantor") agrees to make the following Grant to the **Harbor-UCLA Medical Center** (hereinafter "Grantee"), and Grantee agrees to accept such Grant in accordance with the terms below and subject to the additional terms and conditions set forth in Exhibit A and made part hereof and makes the representations set forth in Exhibit B attached hereto and made a part hereof.

1. **Grant Number:** 2586
2. **Amount of Grant:** \$750,000
3. **Period of Grant:** April 1, 2014 – March 31, 2017
4. **Terms of Payment:**

| | |
|-----------|---|
| \$250,000 | Contingent upon receipt of signed agreement(s) due by March 14, 2014. |
| \$250,000 | Contingent upon receipt of satisfactory Year 1 Progress Report due by April 10, 2015. |
| \$250,000 | Contingent upon receipt of satisfactory Year 2 Progress Report due by April 11, 2016. |
5. **Specific Purposes of the Grant:** To be used exclusively for the purpose of providing health related and other patient care services in the Grantee's service area, as described in Grantee's proposal dated November 24, 2013 and any amendments thereafter. (See attached Budget & Objectives Chart)

Project Title: Lean Management

Project Description: Harbor-UCLA Medical Center (Harbor-UCLA) is awarded \$750,000 over three years to train and certify over 150 hospital executives, clinicians, and managers in the Toyota Production System, known as "Lean" in the United States. During the three year grant period, Harbor-UCLA will engage expert consultants to train staff to improve the quality of care and patient service while simultaneously reducing the overall cost of care by eliminating waste. In addition, Harbor-UCLA will create a robust, self-sustaining performance improvement infrastructure that will allow the hospital to continually improve patient access and experience. Embedding the Lean management philosophy throughout the organization will allow Harbor-UCLA to meet the Triple Aim mandate of health reform, namely to provide better health care at a lower cost with improved population health outcomes.

The Los Angeles BioMedical Research Institute at Harbor-UCLA Medical Center will serve as the fiduciary for this grant.

UniHealth Foundation

Executed on behalf of the Grantor and Grantee as follows:

GRANTOR:

UniHealth Foundation

By Mary Odell
Mary Odell, President

Dated: 3-3-2014

GRANTEE:

Harbor-UCLA Medical Center

By _____
Delvicchio Finley, MPP, FACHE,
Chief Executive Officer

Dated: _____

**Los Angeles BioMedical Research
Institute at Harbor-UCLA Medical Center**

By _____
David I. Meyer, Ph.D., President &
Chief Executive Officer

Dated: _____

(SIGNED IN COUNTERPART)

UniHealth Foundation

EXHIBIT A

ADDITIONAL TERMS AND CONDITIONS TO GRANT AGREEMENT

1. Restrictions as to uses of the Grant Proceeds. Grantee will use the full amount of the Grant proceeds solely for the purposes specified in the Grant Agreement and for no other purposes. Any funds not expended or committed for the purposes of the grant within the grant period (or an authorized extension of the grant period) must be returned to the Grantor within 60 days of the close of the grant. This restriction relates to the purposes of the Grant; and, except as provided in paragraph 2, it is the responsibility of the Grantee to select appropriate means by which the Grant proceeds are used solely for such prescribed purposes, whether directly by its own use or by others selected by it. Grantee will use no more than ten percent (10%) of the Grant proceeds for general and administrative expenses that cannot be directly allocated to the programs and services funded by the Grant proceeds under Generally Accepted Accounting Principles, consistently applied.
2. Restrictions with respect to certain areas. Grantee agrees not to use any of the Grant proceeds:
 - a. To carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Section 501(c)(3) of the Internal Revenue Code);
 - b. To participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office (within the meaning of Section 501(c)(3) of the Internal Revenue Code);
3. Recordkeeping. Grantee agrees to maintain its books and records in such a way that funds from the Grantor will be shown separately on the Grantee's books. Expenditures made by the Grantee in furtherance of the purposes specified in the Grant Agreement must be charged against the Grant. Grantee will maintain records of such expenditures adequate to identify the use of funds for the specified purposes.
4. Reports to Grantor. Grantee shall supply Grantor with the following report or reports:

Year 1 Progress Report due April 10, 2015.

Year 2 Progress Report due April 11, 2016.

Final Report due April 28, 2017.

Reports must show (a) the use of the Grant proceeds based upon the records of the Grantee, detailing all expenditures made from such Grant proceeds, consistent with the approved attached budget (including salaries, travel, supplies and administrative), and (b) the progress made by the Grantee toward achieving the purpose for which the Grant was made consistent with the evaluation described in the Grant proposal, including: (1) a summary of the project objectives; (2) accomplishments toward achieving those objectives and any changes made during the course of the project in the strategy for accomplishing them; (3) problems encountered and how they were resolved; (4) financial statements showing all grant funds received and expended. (Report Guidelines attached)

UniHealth Foundation

5. Access to Books and Records. Grantor shall, upon request, provide access to its books and records relating to the Grant to the California Attorney General.
6. Charitable Trust: Grantee agrees that grant proceeds received from Grantor are held in charitable trust exclusively for the purposes specified herein.
7. Acknowledgement and Publicity. Grantee must receive approval from Grantor before releasing information about this grant to the press or other news media. Any publication produced by the Grantee that refers to this grant should include an acknowledgment of the Grantor that reads: *Supported by a grant from UniHealth Foundation, a non-profit philanthropic organization whose mission is to support and facilitate activities that significantly improve the health and well-being of individuals and communities within its service area.*
8. Grant Termination. Grantor, at its sole option, may terminate the grant at any time if, in the Grantor's judgment, Grantee becomes unable to carry out the purposes of the Grant, ceases to be an appropriate means of accomplishing the purposes of the Grant, or fails to comply with any of the conditions of the grant award.
9. Limitations: It is expressly understood that the Grantor has no obligation to provide other or additional support for this or any other project or purposes.

UniHealth Foundation

EXHIBIT B GRANTEE'S REPRESENTATIONS TO GRANTOR

1. Grantee's Status. Grantee is one of the following types of organizations:
 - a. A California nonprofit public benefit corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), because it is described in Section 501(c)(3), that either operates a general acute care hospital licensed under California Health and Safety Code Section 1250, or a supporting organization of such an organization that is also described in Section 501(c)(3) of the code, or
 - b. A political subdivision, instrumentality or agency of the State of California, the County of Los Angeles, the County of Orange, or any city within the County of Los Angeles or the County of Orange, that operates a general acute care hospital licensed under California Health and Safety Code Section 1250, or a supporting organization of such an entity that is described in Section 501(c)(3) of the Code.
2. Grantee's Service Area. Grantee includes within its primary service and serves persons who reside in one or more of the geographic areas within the County of Los Angeles or the County of Orange as defined by one or more of the following U.S. Postal Service ZIP codes:

| San Fernando and Santa Clarita | | | Westside and Downtown L.A. | | | San Gabriel Valley | | | Long Beach and Orange County | | |
|--------------------------------|-------|-------|----------------------------|-------|-------|--------------------|-------|-------|------------------------------|-------|-------|
| 91303 | 91345 | 91601 | 91001 | 90026 | 90291 | 90026 | 91108 | 91755 | 90241 | 90720 | 92832 |
| 91304 | 91350 | 91605 | 90003 | 90034 | 90292 | 90027 | 91201 | 91770 | 90620 | 90723 | 92833 |
| 91306 | 91351 | 91606 | 90004 | 90037 | 90401 | 90028 | 91202 | 91775 | 90621 | 90740 | 92840 |
| 91307 | 91352 | 91607 | 90005 | 90043 | 90403 | 90029 | 91203 | 91776 | 90623 | 90802 | 92841 |
| 91311 | 91354 | 93065 | 90006 | 90044 | 90404 | 90031 | 91204 | 91780 | 90630 | 90803 | 92870 |
| 91316 | 91355 | 93225 | 90007 | 90045 | 90405 | 90032 | 91205 | 91801 | 90631 | 90804 | 92886 |
| 91321 | 91356 | 93510 | 90008 | 90047 | | 90039 | 91206 | 91803 | 90638 | 90805 | 92801 |
| 91324 | 91364 | 93550 | 90011 | 90049 | | 90041 | 91207 | | 90650 | 90806 | 92802 |
| 91325 | 91367 | | 90015 | 90057 | | 90042 | 91208 | | 90680 | 90807 | 92804 |
| 91326 | 91381 | | 90016 | 90062 | | 90065 | 91214 | | 90701 | 90808 | 92805 |
| 91331 | 91384 | | 90017 | 90064 | | 90640 | 91501 | | 90703 | 90810 | 92806 |
| 91335 | 91401 | | 90018 | 90066 | | 91006 | 91706 | | 90706 | 90813 | 92807 |
| 91340 | 91402 | | 90019 | 90230 | | 91007 | 91731 | | 90712 | 90814 | |
| 91342 | 91405 | | 90020 | 90232 | | 91016 | 91732 | | 90713 | 90815 | |
| 91343 | 91406 | | 90024 | 90265 | | 91042 | 91733 | | 90715 | 92683 | |
| 91344 | 91411 | | 90025 | 90272 | | 91107 | 91754 | | 90716 | 92831 | |

3. Beneficiaries. The programs and services funded by the Grant proceeds will be provided within the zip codes set forth in Section 2 above.

BUDGET

PROJECT BUDGET

Grantee: Harbor-UCLA Medical Center
Project Title: Lean Management

Request ID#: 2586

YEAR 1

| Line Item | Harbor's In-Kind Contribution | Requested from UHF | Total |
|--|-------------------------------|--------------------|----------------|
| Program Coordinator/ Chief Kaizen Officer | 159,205 | - | 159,205 |
| Lean Facilitator | 144,551 | - | 144,551 |
| Training Supplies | 10,000 | 10,000 | 20,000 |
| Consultant | - | 240,000 | 240,000 |
| Total | 313,756 | 250,000 | 563,756 |

YEAR 2

| Line Item | Harbor's In-Kind Contribution | Requested from UHF | Total |
|--|-------------------------------|--------------------|----------------|
| Program Coordinator/ Chief Kaizen Officer | 159,205 | - | 159,205 |
| Lean Facilitator | 144,551 | - | 144,551 |
| Training Supplies | 10,000 | 10,000 | 20,000 |
| Consultant | - | 240,000 | 240,000 |
| Total | 313,756 | 250,000 | 563,756 |

YEAR 3

| Line Item | Harbor's In-Kind Contribution | Requested from UHF | Total |
|--|-------------------------------|--------------------|----------------|
| Program Coordinator/ Chief Kaizen Officer | 159,205 | - | 159,205 |
| Lean Facilitator | 144,551 | - | 144,551 |
| Training Supplies | 10,000 | 10,000 | 20,000 |
| Consultant | - | 240,000 | 240,000 |
| Total | 313,756 | 250,000 | 563,756 |

3-YEAR SUMMARY

| Line Item | Harbor's In-Kind Contribution | Requested from UHF | Total |
|--|-------------------------------|--------------------|------------------|
| Program Coordinator/ Chief Kaizen Officer | 477,615 | - | 477,615 |
| Lean Facilitator | 433,653 | - | 433,653 |
| Training Supplies | 30,000 | 30,000 | 60,000 |
| Consultant | - | 720,000 | 720,000 |
| Total | 941,268 | 750,000 | 1,691,268 |

OBJ CHART

MEASURABLE OBJECTIVES CHART

Grantee: Harbor-UCLA Medical Center
Project Title: Lean Management

Grant#: 2586

SUMMARY

| Objectives | Key Activities | Evaluation Indicators | Timeline |
|---|--|--|----------------------|
| Secure Technical Assistance to Implement and Sustain LEAN Methodology | <ul style="list-style-type: none"> Select preferred contractor with expertise in LEAN methodology (Rona or Toyota) Complete administrative activities required to contract with and fund desired consultant (e.g. modify existing open County contract or fund via LA Bio Med, a fiscal intermediary) | <ul style="list-style-type: none"> Signed contract with selected consulting firm | April 2014-June 2014 |
| Build a LEAN Process Improvement Infrastructure at Harbor | <ul style="list-style-type: none"> Assign leaders to training cohorts (15-25 each) Design a certification curriculum with Consultant Conduct training courses w/ supporting value stream workshops (six months apart) Complete certification test Create LEAN standardized work (policies and procedures for the Lean Promotion Office) Develop a LEAN report card with clear measurable objectives for each value stream to hold team accountable for tracking/improving and sustaining quarterly improvements for each value stream (measures to include access to care, patient safety/quality/harm reduction indicators, patient and staff satisfaction indicators) Develop Introduction to Lean course for employees and integrate Lean-specific training into "new employee orientation" Integrate "Introduction to Lean" into the mandatory "Employee Re-orientation" Integrate cost savings into LEAN report card for each value stream | <ul style="list-style-type: none"> 50% of senior leaders and managers complete training and are certified 100% of Specialists trained and certified "Report Cards" incorporated into quarterly Governing Body Report that is presented to clinical and administrative leaders and to our Governing Body 100% of new employees receive introduction to Lean 100% of staff who complete re-orientation receive Introduction to Lean | 2014-2016 |
| Improve Patient Access by Eliminating Waste | <ul style="list-style-type: none"> Conduct Value Stream Improvement Work Identify improvement targets and number of workshops for existing and new value streams in Inpatient (IP), Emergency Department (ED), and Operating Room (OR) Conduct workshops Develop baseline access to care indicators for new value streams Document patient access baselines and targets in specific units (e.g. # pts served/day, cycle times, timeliness of discharge/ discharge within 2 hours of provider order to discharge) | <ul style="list-style-type: none"> Baselines documented for patient access (e.g. # patients served/day, cycle times) Access to care indicators improved or sustained after value stream work completed | 2014-2016 |

MEASURABLE OBJECTIVES CHART

| | | | |
|---|--|---|-----------|
| | <ul style="list-style-type: none"> Assess improvement in access to care indicators from Year 1 and set goal to improve by x% or sustain improvement achieved Establish electronic means to collect turn-around time from when the provider writes the order for discharge to the time the patient is discharged | | |
| Improve Patient Safety and Quality/Reduce Harm by Eliminating Waste | <ul style="list-style-type: none"> Conduct Value Stream Improvement Work Determine quality/safety metric baselines in target units Identify Improvement targets and number of workshops for existing value streams in IP, ED, and OR Conduct workshops For existing value streams, assess improvement achieved in Year 2 and set goal to improve by 10% or to sustain improvement in defined quality/patient safety measures/harm reduction indicators | <ul style="list-style-type: none"> Baselines documented for patient safety in target units 10% change in defined patient safety/quality and harm reduction measures over baseline (e.g. falls and pressure ulcers for inpatient). For new value streams initiated in Year 2, improve defined quality/patient safety measures/harm reduction indicators by 10% over baseline. | 2014-2016 |
| Improve Financial Sustainability by Eliminating Waste | <ul style="list-style-type: none"> Identify a method to tie cost savings to LEAN implementation Select cost savings target Catalog cost savings | <ul style="list-style-type: none"> Cost Savings metric incorporated into the LEAN Report Cards Cost savings meets/exceeds targets set in Year 2 | 2014-2016 |
| Improve Patient Satisfaction By Eliminating Waste | <ul style="list-style-type: none"> Determine method of detecting patient satisfaction Document patient satisfaction metric baselines in target units Assess improvement achieved and set goal to improve by x% or to sustain improvements in patient experience | <ul style="list-style-type: none"> Methodology developed for collecting patient satisfaction data for outpatient ER and OR patients Patient satisfaction increases by 10% over baseline | 2014-2016 |
| Improve Staff Satisfaction by Eliminating Waste | <ul style="list-style-type: none"> Determine method of detecting staff satisfaction Document staff satisfaction baseline in target units Develop unit specific employee engagement questionnaires to assess employee satisfaction. Survey to include the question, "The necessary material and equipment are available when I need to perform my job"; Assess improvement achieved in Year 2 in staff satisfaction and set goal to improve by x% or to sustain improvement in staff satisfaction | <ul style="list-style-type: none"> Improve 10% over baseline in Year 2 For new value streams initiated in Year 2, improve staff satisfaction by 20% | 2014-2016 |

MEASURABLE OBJECTIVES CHART

Year 1

| Objectives | Key Activities | Evaluation Indicators | Timeline |
|---|---|---|-----------|
| Build a LEAN Process Improvement Infrastructure at Harbor | <ul style="list-style-type: none"> Design a certification curriculum with Consultant Assign leaders to training cohorts (15-25 each) Conduct training courses w/ supporting value stream workshops for two cohorts (six months apart) Complete certification test Create LEAN standardized work (policies and procedures for the Lean Promotion Office) Develop a LEAN report card with clear measurable objectives for each value stream to hold team accountable for tracking/improving and sustaining quarterly improvements for each value stream (measures to include access to care, patient safety/quality/harm reduction indicators, patient and staff satisfaction indicators) Develop Introduction to Lean course for employees. | <ul style="list-style-type: none"> 25% of senior leaders and managers who complete training and are certified 100% of Specialists trained and certified Develop data based LEAN report card for each value stream that incorporates indicators that include access to care, patient safety/quality/harm reduction indicators, patient and staff satisfaction indicators; incorporate "Report Cards" into quarterly Governing Body Report that is presented to clinical and administrative leaders and to our Governing Body Integrate Lean-specific training into "new employee orientation"; 100% of new employees receive introduction to Lean Integrate "Introduction to Lean" into the mandatory "Employee Re-orientation"; 100% of staff who complete re-orientation receive Introduction to Lean | 2014-2015 |
| Improve Patient Access by Eliminating Waste | <ul style="list-style-type: none"> Conduct Value Stream Improvement Work Identify Improvement targets and number of workshops for existing value streams in Inpatient (IP), Emergency Department (ED), and Operating Room (OR) Document patient access baselines and targets in specific units (e.g. # pts served/day, cycle times, timeliness of discharge/ discharge within 2 hours of provider order to discharge) Conduct workshops | <ul style="list-style-type: none"> Document baselines for patient access (e.g. # patients served/day, cycle times); Improve 10% over baseline. Establish electronic means to collect turn-around time from when the provider writes the order for discharge to the time the patient is discharged (currently requires manual data collection) | 2014-2015 |
| Improve Patient Safety and Quality/Reduce Harm by Eliminating Waste | <ul style="list-style-type: none"> Conduct Value Stream Improvement Work Determine quality/safety metric baselines in target units Identify Improvement targets and number of workshops for existing value streams in IP, ED, and OR Conduct workshops | <ul style="list-style-type: none"> 10% change in defined patient safety/quality and harm reduction measures over baseline (e.g. falls and pressure ulcers for inpatient). | 2014-2015 |

MEASURABLE OBJECTIVES CHART

| | | | |
|---|--|---|-----------|
| Improve Financial Sustainability by Eliminating Waste | <ul style="list-style-type: none"> Identify a method to tie cost savings to LEAN implementation Select cost savings target | <ul style="list-style-type: none"> Develop reliable way to calculate cost savings for each value stream | 2014-2015 |
| Improve Patient Satisfaction By Eliminating Waste | <ul style="list-style-type: none"> Document patient satisfaction metric baselines in target units Determine method of detecting patient satisfaction | <ul style="list-style-type: none"> Develop methodology for collecting patient satisfaction data for outpatient ER and OR patients (currently we do not have a survey for ER patients who are discharged home from the ED or a tool for outpatient surgery patients); improve 10% over baseline | 2014-2015 |
| Improve Staff Satisfaction by Eliminating Waste | <ul style="list-style-type: none"> Document staff satisfaction baseline in target units Determine method of detecting staff satisfaction | <ul style="list-style-type: none"> Develop unit specific employee engagement questionnaires to assess employee satisfaction. Survey to include the question, "The necessary material and equipment are available when I need to perform my job"; Improve 10% over baseline. | 2014-2015 |

MEASURABLE OBJECTIVES CHART

Year 2

| Objectives | Key Activities | Evaluation Indicators | Timeline |
|---|---|---|-----------|
| Build a LEAN Process Improvement Infrastructure at Harbor | <ul style="list-style-type: none"> Continue training for leadership, managers and employees. Complete certification test As new value streams are performed, develop objective, measurable goals for each and expand "LEAN Report Card" to include new value streams Integrate cost savings into LEAN report card for each value stream. | <ul style="list-style-type: none"> 35% of senior leaders and managers who complete training and are certified Develop LEAN report cards for each new value stream with objective, measurable process and outcome measures to track performance and assure team accountability; incorporate into the organization's Governing Body meeting to share goals and progress with clinical and administrative leaders and the Governing Body | 2015-2016 |
| Improve Patient Access by Eliminating Waste | <ul style="list-style-type: none"> Continue targeted Value Stream Improvement Work Identify Improvement targets and number of workshops for existing value streams in IP, ED, and OR and for new value streams Document patient access baselines and targets in specific units (e.g. # pts served/day, cycle times, timeliness of discharge/ discharge within 2 hours of provider order to discharge) Conduct workshops | <ul style="list-style-type: none"> Assess improvement in access to care indicators from Year 1 and set goal to improve by x% or sustain improvement achieved Develop baseline access to care indicators for new value streams | 2015-2016 |
| Improve Patient Safety and Quality/reduce harm by Eliminating Waste | <ul style="list-style-type: none"> Conduct Value Stream Improvement Work Document quality/safety metric baselines in target units Identify Improvement targets and number of workshops for existing value streams in IP, ED, and OR Conduct workshops | <ul style="list-style-type: none"> Assess improvement in patient safety/quality and harm reduction indicators achieved in Year 1 and set goal to improve by x% or to sustain improvement Develop baseline patient safety/quality and harm reduction indicators for new value streams | 2015-2016 |
| Improve Financial Sustainability by Eliminating Waste | <ul style="list-style-type: none"> Track Cost Savings in the LEAN Report Cards for each value stream | <ul style="list-style-type: none"> Develop targets for cost savings for each value stream Incorporate Cost Savings into the LEAN Report Cards | 2015-2016 |
| Improve Patient Satisfaction By Eliminating Waste | <ul style="list-style-type: none"> Document patient satisfaction metric baselines in target units Determine method of detecting patient satisfaction | <ul style="list-style-type: none"> Assess improvement in patient satisfaction achieved in Year 1 and set goal to improve by x% or to sustain improvement Develop indicators for new values streams to collect patient satisfaction baseline | 2015-2016 |

OBJ CHART

MEASURABLE OBJECTIVES CHART

| | | | |
|---|---|---|-----------|
| Improve Staff Satisfaction by Eliminating Waste | <ul style="list-style-type: none">• Document staff satisfaction baseline in target units• Determine method of detecting staff satisfaction | <ul style="list-style-type: none">• 20% improvement in staff satisfaction (e.g. asking the question, "The necessary material and equipment are available when I need to perform my job") over baseline.• Develop indicators for new value streams to collect staff satisfaction baseline | 2015-2016 |
|---|---|---|-----------|

OBJ CHART

MEASURABLE OBJECTIVES CHART

Year 3

| Objectives | Key Activities | Evaluation Indicators | Timeline |
|---|---|--|-----------|
| Build a LEAN Process Improvement Infrastructure at Harbor | <ul style="list-style-type: none"> Continue training for leadership, managers and employees. Complete certification test | <ul style="list-style-type: none"> 50% of senior leaders and managers who complete training and are certified | 2016-2017 |
| Improve Patient Access by Eliminating Waste | <ul style="list-style-type: none"> Continue targeted Value Stream Improvement Work Identify Improvement targets and number of workshops for existing value streams in IP, ED, and OR Document patient access baselines and targets in specific units (e.g. # pts served/day, cycle times, timeliness of discharge/ discharge within 2 hours of provider order to discharge) Conduct workshops | <ul style="list-style-type: none"> For existing values streams, assess improvement achieved in Year 2 and set goals to improve by x% or to sustain improvements in access to care For value streams initiated in Year 2, improve access to care indicators by 10% over baseline. | 2016-2017 |
| Improve Patient Safety and Quality/reduce harm by Eliminating Waste | <ul style="list-style-type: none"> Conduct Value Stream Improvement Work Document quality/safety metric baselines in target units Identify Improvement targets and number of workshops for existing value streams in IP, ED, and OR Conduct workshops | <ul style="list-style-type: none"> For existing value streams, assess improvement achieved in Year 2 and set goal to improve by x% or to sustain improvement in defined quality/patient safety measures/harm reduction indicators For new value streams initiated in Year 2, improve defined quality/patient safety measures/harm reduction indicators by 10% over baseline. | 2016-2017 |
| Improve Financial Sustainability by Eliminating Waste | <ul style="list-style-type: none"> Track Cost Savings in the LEAN Report Cards for each value stream | <ul style="list-style-type: none"> Track cost savings and meet/exceed targets set in Year 2; catalog cost savings for new value streams initiated in Year 2 | 2016-2017 |
| Improve Patient Satisfaction By Eliminating Waste | <ul style="list-style-type: none"> Document patient satisfaction metric baselines in target units Determine method of detecting patient satisfaction | <ul style="list-style-type: none"> Assess improvement achieved in Year 2 and set goal to improve by x% or to sustain improvements in patient experience For new value streams initiated in Year 2, improve patient satisfaction by 10% over baseline. | 2016-2017 |

MEASURABLE OBJECTIVES CHART

| | | | |
|---|--|--|-----------|
| Improve Staff Satisfaction by Eliminating Waste | <ul style="list-style-type: none"> • Document staff satisfaction baseline in target units • Determine method of detecting staff satisfaction | <ul style="list-style-type: none"> • Assess improvement achieved in Year 2 in staff satisfaction and set goal to improve by x% or to sustain improvement in staff satisfaction (e.g. asking the question, "The necessary material and equipment are available when I need to perform my job") • For new value streams initiated in Year 2, improve staff satisfaction by 20% (e.g. asking the question, "The necessary material and equipment are available when I need to perform my job") over baseline. | 2016-2017 |
|---|--|--|-----------|

UniHealth Foundation Reporting Guidelines

1. PROGRAM NARRATIVE

For each project objective, summarize your accomplishments towards achieving the objective, including outcomes. Also provide information about the project overall, including: (1) problems encountered and how they were resolved, (2) any changes made during the course of the project, (3) whether expected project outcomes were realistic, (4) lessons learned, (5) unanticipated outcomes, and, (6) whether and how project will be sustained in the future.

2. PROGRAM COMPONENT – OBJECTIVES CHART

Provide a completed program chart, delineating progress made for every measurable objective consistent with the evaluation described in the grant proposal (see example below):

| Measurable Objectives (What) | Key Activities (How) | Evaluation Indicators/Outcomes (How you will measure) | Implementation Timeline | Progress |
|--|--|---|--|----------|
| Increase access to dental care for 200 school children per month | Dental screenings at school sites by appointment | <ul style="list-style-type: none"> # encounters # referrals for treatment | Monthly from September through June | |
| Provide prenatal care for 300 women | Outreach, enrollment in MediCal, referral to prenatal care for underserved women | <ul style="list-style-type: none"> # of women served participation rates in prenatal care # and % of low birth weight babies | One year or over the life of the grant | |

3. FINANCIAL COMPONENT

Show the use of the Grant proceeds, detailing all expenditures made, consistent with the approved budget, in the following format in Microsoft Excel (see example below):

| Description | Original Grant Funds Approved | [Approved Change] | Actual Grant Funds Expended to date | Balance | Comment |
|------------------|-------------------------------|-------------------|-------------------------------------|----------|------------------------------|
| Project Manager | \$ 20,000 | \$ 23,000 | \$ 20,000 | \$ 3,000 | Reflects 11 months of salary |
| Medical Supplies | \$ 5,000 | none | \$ 2,500 | \$ 2,500 | |
| Total | \$ 25,000 | \$ 23,000 | \$ 22,500 | \$ 5,500 | |

Progress Reports: If a balance is reported, please submit a budget modification request for subsequent year(s) that shows the allocation of carry-over funds*.

Final Reports: For multi-year grant Final Reports, provide final year and cumulative program charts and financial reports. If a balance is reported and an extension is required, please submit the request in writing along with a proposed budget for the use of unexpended funds*.

Grantees are required to submit **NON-PDF** electronic versions of their progress and final reports to UniHealth Foundation (excluding articles, supporting materials, etc.). Grantees may:

- 1) Mail both printed materials and electronic copy to the attention of the Grants Manager, **OR**
- 2) E-mail reports directly to: cchung@unihealthfoundation.org